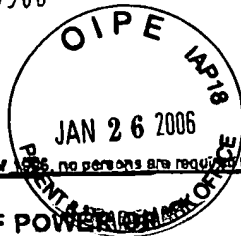


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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/707,696
Filing Date	01-05-2004
First Named Inventor	Smith, David S.
Art Unit	3728
Examiner Name	Fidel, David
Attorney Docket Number	56628.10001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27526

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name				
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Country				
Telephone			Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	David S. Smith		
Date	January 24, 2006	Telephone	406-490-6582

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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